



STATE OF CONNECTICUT
DEPARTMENT OF MENTAL HEALTH AND ADDICTION SERVICES
A Healthcare Service Agency

Dannel P. Malloy
Governor

Patricia A. Rehmer, MSN
Commissioner

Memorandum:

TO: Senator John Kissel
Representative Mary Mushinsky
Members of the Program Review and Investigations Committee

FROM: Commissioner Patricia Rehmer, DMHAS

DATE: March 4, 2014

SUBJECT: Written Testimony on HB 5371, HB 5372 and HB 5378

Senator Kissel, Representative Mushinsky, and distinguished members of the Program Review and Investigations Committee: thank you for the opportunity to submit written testimony on *HB 5371 AN ACT IMPLEMENTING THE RECOMMENDATIONS OF THE LEGISLATIVE PROGRAM REVIEW AND INVESTIGATIONS COMMITTEE STUDY ON ACCESS TO SUBSTANCE USE TREATMENT FOR INSURED YOUTH AS THEY RELATE TO THE DEPARTMENT OF CHILDREN AND FAMILIES, HB 5372 AN ACT IMPLEMENTING THE RECOMMENDATIONS OF THE LEGISLATIVE PROGRAM REVIEW AND INVESTIGATIONS COMMITTEE CONCERNING THE ALCOHOL AND DRUG POLICY COUNCIL and HB 5378 AN ACT IMPLEMENTING THE RECOMMENDATIONS OF THE LEGISLATIVE PROGRAM REVIEW AND INVESTIGATIONS COMMITTEE CONCERNING MEDICAID-FUNDED EMERGENCY DEPARTMENT VISITS.* We commend the Committee for its comprehensive work on these very complex issues but have concerns regarding the cost of the implementation of these proposals as well as the prescriptive language that may prevent us from meeting the individual needs of the people we serve.

HB 5371 requires DMHAS and DCF to develop an urgent care center for individuals with behavioral health disorders and a substance use recovery support plan for youth and adolescents. It is important to state from the onset that DMHAS provides treatment to adults 18 years of age and older. We do not have the facilities, resources or clinical expertise to treat youth and adolescents. That being said however we are more than willing to collaborate with DCF on both development of an urgent care center which we believe can be established through the coordination of each agency's mobile crisis units as well as the development of a substance use

recovery support plan and appreciate that the Committee has given us sufficient time to work that through.

HB 5372 gives new responsibilities to the Alcohol and Drug Policy Council (ADPC), and the ADPC is not a functioning organization. The last two meetings of the Council had very little attendance and the legislative appointments to the council frequently have not attended meetings so the end result will be that the work necessary to carry out the new responsibilities outlined in this legislation will fall to DMHAS. We have not had the money in our budget to fill the administrative and planning positions that would be necessary to carry out the new provisions in this bill.

HB 5378 requires DMHAS to contract for intensive case management services through our ASO for Medicaid clients who frequently use hospital emergency departments due to behavioral health needs. This practice replicates successful local efforts in the state which have regional teams currently in place and supports efforts already underway to start up additional teams based in community with the heaviest usage of Emergency Departments for behavioral health. Value Options currently has intensive case managers in place to implement these activities and can use Advanced Behavioral Health as a model to provide targeted case management for individuals cycling in and out of inpatient detox services. We do not believe it is necessary to spell out how often these teams should meet as teams that have been working together for a long time may decide they will meet less often than teams that are just coming together.